U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 16755

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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3. Name and address of person filing.			4. N	Name, file number, and address of labor organization.						
Name	ERNESTO ESPINOSA			Ni	Name SOUTHERN NEVADA LABORERS LOCAL 872					
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Name of Person Filing ERNESTO ESPINOSA	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	enningen einem einem einem einem eine einem eine						
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street								
$\frac{1}{2} \frac{1}{2} \frac{1}$	11.b. Approximate dollar value of such dealing.							
State ZIP Code + 4	12.a. Nature of interest held or income received.							
	12.b. Amount.	The content of the co						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name LABORERS' HEALTH & SAFETY FUND OF N. AMERICA Trade Name, if any: P.O. Box, Bldg., Room No., if any	07/12/04 DINNER AT TRI-FUNDS CON	IFERENCE.						
Street 526 S. TONOPAH DRIVE, SUITE 200								
City LAS VEGAS								
State Nevada ZIP Code + 4 89106								
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$40						